

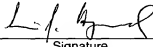


PTO/SB/31 (06-03)

Approved for use through 07/31/2003. OMB 0651-0031

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<b>NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES</b>		<b>Docket Number (Optional)</b> PF141P4	
In re Application of Yu et al.			
Application Number 09/246,129-Conf. #5810		Filed February 8, 1999	
For Tumor Necrosis Factor-Gamma			
Art Unit 1647		Examiner D. Romeo	
Applicant hereby <b>appeals</b> to the Board of Patent Appeals and Interferences from the last decision of the Examiner.			
The fee for this Notice of Appeal is (37 CFR 1.17(b))		\$ <u>330.00</u>	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is:		\$ _____	
<input type="checkbox"/> A check in the amount of the fee is enclosed.			
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.			
<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet.			
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. <u>08-3425</u> . A Fee Transmittal sheet is enclosed.			
<input checked="" type="checkbox"/> A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.			
I am the			
<input type="checkbox"/> applicant /inventor			
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)		Signature	
<input checked="" type="checkbox"/> attorney or agent of record.		Lin J. Hymel	
Registration number _____		Typed or printed name	
<input type="checkbox"/> attorney or agent acting under 37 CFR 1.34(a).		(301) 251-6015	
Registration number if acting under 37 CFR 1.34(a). <u>45,414</u>		Telephone number	
		October 7, 2003	
		Date	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
<input checked="" type="checkbox"/> *Total of <u>1</u> Form is submitted.			

10/08/2003 SSITH181 00000020 083425 09246129

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